

PRETRIAL SERVICES SUPERVISION REPORT

I. Name: _____
(Please Print)

II. When is your next court date? _____

III. Residence: _____
(No. and Street) (City) (State/Zip) (Home Telephone)

Have you moved since the last Pretrial Services Supervision Report? ☐ Yes ☐ No

If yes, provide previous residence and reason for move: _____

IV Employment _____
(Name) (Address) (Work Telephone)

Job Title: _____

Has your employment changed since the last Pretrial Services Supervision Report? ☐ Yes ☐ No

If yes, explain: _____

V. Have you been questioned by law enforcement or arrested since the last Pretrial Services Supervision Report?
☐ Yes ☐ No

If yes, explain (when, where, by whom, charge, status of case): _____

I CERTIFY THAT ALL ANSWERS ARE COMPLETE AND CORRECT. I UNDERSTAND THAT A FALSE STATEMENT MAY RESULT IN REVOCATION OF MY RELEASE, IN ADDITION TO PROSECUTION UNDER 18 U.S.C. § 1001.

Signature

Date

Reviewed by: _____
Officer's Signature

Date

MAIL OR DELIVER THIS FORM TO:

United States Probation Office 215 Dean A. McGee Avenue, Room 201 Oklahoma City, OK 73102
